

Transaction Form for Financial Transactions

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Time Stamp

Distributor/RIA Code ARN - 30156	Sub-Distributor ARN	Sub-Distributor Code	EJIN	Branch Code
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Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-. If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EJIN is not furnished: I/we confirm that the EJIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

Sole/1st Applicant

2nd Applicant

3rd Applicant

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder: First Name _____ Middle Name _____ Last Name _____ Folio No. _____
PAN/PEKRN** _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____
Aadhaar No. _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____
KIN* _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____
Date of Birth* (1st Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth* (2nd Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth* (3rd Unit Holder) [D][D][M][M][Y][Y][Y][Y]
Mobile No. +91- _____ E-mail ID _____
KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year.
^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

2. ADDITIONAL PURCHASE

Lumpsum Multi-Scheme Lumpsum (Please issue cheque favouring L&T MF Multi-Scheme Lumpsum)

Scheme 1 : L&T Amount (₹) _____
Option (✓) Growth* Dividend Payout Dividend Frequency (✓) Daily Weekly Monthly*
 Dividend Reinvestment Bonus^ Quarterly Annual^ Semi-Annual^

Scheme 2 : L&T Amount (₹) _____
Option (✓) Growth* Dividend Payout Dividend Frequency (✓) Daily Weekly Monthly*
 Dividend Reinvestment Bonus^ Quarterly Annual^ Semi-Annual^

Scheme 3 : L&T Amount (₹) _____
Option (✓) Growth* Dividend Payout Dividend Frequency (✓) Daily Weekly Monthly*
 Dividend Reinvestment Bonus^ Quarterly Annual^ Semi-Annual^

Payment Details: Cheque / DD / Pay Order Electronic Transfer One Time Mandate (OTM)

If cheque / DD / Pay Order, please fill Instrument No. _____ Instrument Date [D][D][M][M][Y][Y][Y][Y]
Instrument Amount _____ DD Charges (if applicable ₹) _____ Net Amount (₹) _____
Drawn on Bank Name _____ Bank Branch _____ Bank City _____
Account Type (✓) Saving Current NRE NRO FCNR Others _____

If electronic transfer, please fill UTR No. _____
Amount _____ Debit Bank Name _____ Account No. _____

If One Time Mandate, Please fill, Unique Mandate Reference Number (UMRN) _____
Amount _____ Debit Bank Name _____ Account No. _____

Payment made by (✓) First Unit Holder Guardian in case of minor Others Please Specify _____

Demat Account Details
Depository Participant. NSDL CDSL
NSDL/CDSL: Depository Participant Name _____
Depository Participant ID _____ Beneficiary A/c No. _____
Please enclose copy of the Client Master as provided by your depository. *Default option if not selected. ^Available in select schemes only.

3. SWITCH

From Scheme L&T Option (✓) Growth Dividend Payout Dividend Reinvestment Bonus^
Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

To Scheme L&T Option (✓) Growth* Dividend Payout Dividend Reinvestment
Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

Please tick any one (✓) Amount (₹) _____ OR No. of units _____ OR All Units
*Default option if not selected ^Available in select schemes only

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Folio No. _____ Received from _____ Name of the Sole/First Unit Holder _____
Scheme/Plan/Option _____
 Additional Purchase Amount (in Rs) _____ Drawn On _____ Instrument No. _____
 Switch (Please ✓ anyone) Amount _____ OR No. of units _____ OR All Units
 Redemption (Please ✓ anyone) Amount _____ OR No. of units _____ OR All Units

For Office Use Only

Acknowledgement
Stamp & Date

4. REDEMPTION

Scheme Name **L&T** Option Growth Dividend Payout Dividend Reinvestment Bonus[^]

Dividend Frequency (✓ wherever applicable) Daily Weekly **Monthly*** Quarterly Semi-Annual[^] Annual[^]

Please (✓) any one Amount (₹) _____ **OR** No. of units _____ **OR** All Units

Please note that if the bank account has been changed and not been intimated to us, the proceeds will be credited to the bank account registered with us.

IFSC of the registered bank account for electronic payment [] (Please enclose an original cancelled cheque leaf)
If you have registered multiple bank mandate and if you want credit in a bank A/c other than the default bank please mention the bank A/c No. below.

Name of the Bank/ Branch _____ Account No. _____
^{*}Default option if not selected [^]Available in select schemes only

5. KYC INFORMATION**FOR INDIVIDUAL INVESTORS**

	1st Applicant / Guardian		2nd Applicant / Guardian		3rd Applicant / Guardian	
(a) Gender (✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
(b) Father's / Spouse's Name						
(c) Place / Country of Birth (✓)	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify
(d) Tax Residency (If you are resident in any country other than India from a taxation perspective, please furnish Country of Tax Residency and Tax Identification Number (TIN) or equivalent alongside)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)
	1.		1.		1.	
	2.		2.		2.	
	3.		3.		3.	
(g) Gross Annual Income (₹)	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore
(h) Net Worth (₹) (Not older than 1 year)	Mandatory for (a) Individual Investors who have not furnished Gross Annual Income above and (b) Non-Individual Investors.					
	₹	as on DD / MM / YYYY	₹	as on DD / MM / YYYY	₹	as on DD / MM / YYYY
(e) Occupation (✓)	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business
	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Others Please specify		<input type="checkbox"/> Others Please specify		<input type="checkbox"/> Others Please specify	
(f) Others (✓) (Applicable for Karta of HUF also)	<input type="checkbox"/> I am a politically exposed person	<input type="checkbox"/> I am related to a politically exposed person	<input type="checkbox"/> I am a politically exposed person	<input type="checkbox"/> I am related to a politically exposed person	<input type="checkbox"/> I am a politically exposed person	<input type="checkbox"/> I am related to a politically exposed person
	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable	
FOR NON-INDIVIDUAL INVESTORS ONLY	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)					
	If the Entity involved/providing any of the following services: <input type="checkbox"/> YES (Please ✓ from below) <input type="checkbox"/> NO					
	<input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> Foreign Exchange/ Money Changer Services	<input type="checkbox"/> Money Lending/Pawning			

6. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme(s) of L&T Mutual Fund including the sections on "Who cannot invest", "Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)" ("Reporting Guidelines") and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any authority in India. I/We hereby authorise L&T Mutual Fund ("the Fund"), its Investment Manager ("LTIM") and its agents to disclose details of my investment to my bank(s)/ Fund's bank(s) and/or Distributor/Broker/Investment Adviser/any governmental or regulatory authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme(s) is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.lfsc.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels. In case there is any change in the information (especially pertaining to Reporting Guidelines) already provided to LTIM / Fund, I/We agree that I/We shall inform the same to LTIM/Fund within 30 days of the change. I/We authorize updation of the records (including pertaining to the Reporting Guidelines) basis the information / documents received by LTIM/Fund/Registrar and Transfer Agent ("RTA") from other SEBI Registered Intermediaries. I/We authorize LTIM/Fund/RTA, to share the information provided by me / us with other SEBI Registered Intermediaries to facilitate single submission / updation. I / We authorize LTIM/ Fund/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from the my/our account or close or suspend my/our account(s) under intimation me/us.

APPLICABLE FOR INVESTMENT THROUGH RIA (REGISTERED INVESTMENT ADVISER) :

I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan to the above mentioned SEBI Registered Investment Adviser.

_____ (Sole/First Unit Holder)

_____ (Second Unit Holder)

_____ (Third Unit Holder)

Date [D] [D] [M] [M] [Y] [Y] [Y] [Y]

Place _____

call 1800 2000 400 or 1800 4190 200

email investor.line@lntmf.co.in

www.lfsc.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CL04059